

BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning District _____
Lakes Class _____



I. APPLICATION INFORMATION (Please Print All Information)				Soil Test No: _____		County Permit No: <u>20-0137</u>						
Property Owner's Name: <p style="text-align: center;">Jeff Lunda</p>				County: <p style="text-align: center;">Bayfield</p>								
Address of Property: <p style="text-align: center;">Cemetery Road, Moquah</p>				Property Location: SE ¼ NE ¼, S 11 T 47 N, R 6 E (or) <u>W</u>								
Property Owner's Mailing Address: <p style="text-align: center;">19 Meadowlark Drive</p>				Township: <p style="text-align: center;">Pilsen</p>		Gov. Lot #: _____						
City, State <p style="text-align: center;">Hudson, WI</p>	Zip Code <p style="text-align: center;">54016</p>	Phone Number <p style="text-align: center;">7155570697</p>	Lot #	Block #	CSM #	CSM Doc #	Subdivision Name					
II. TYPE OF BUILDING: (Check One)				Tax ID#: _____								
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>1</u>				27511								
III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)												
A) <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor <input type="checkbox"/> Reconnection <input type="checkbox"/> Repair <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____ B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____												
IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above												
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <u>300</u> gallons or _____ cubic yards) <input type="checkbox"/> Portable Privy <input type="checkbox"/> Camping Transfer Unit Container <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet												
V. ABSORPTION SYSTEM INFORMATION:												
1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)						
VI. TANK INFORMATION:		Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
		New Tanks	Existing Tanks									
Septic Tank or Holding Tank												
Lift Pump Tank / Siphon Chamber												
VII. RESPONSIBILITY STATEMENT:												
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.												
Owner's Name(s): (Print) If applying for Section C above <p style="text-align: center;">Jeff Lunda</p>				Owner's Signature(s): (No Stamps) 								
Plumber's Name: (Print) If applying for Section A or B) above				Plumber's Signature: (No Stamps) 		MP/MPSW No: _____						
Plumber's Address: (Street, City State, Zip Code)				Home Phone: _____		Business Phone: _____						
VIII. COUNTY / DEPARTMENT USE ONLY												
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <p style="text-align: center;">\$150</p>		Date Issued: <p style="text-align: center;">6-24-20</p>		Issuing Agent's Signature / Date: <p style="text-align: center;"> 6-16-20</p>						
IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:												
<p style="color: blue; font-family: cursive;">Tank must be at least 200 gallons and water-tight. Conditions per recorded privy agreement</p>												

Plot Plan on reverse side

Lot Line



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field.
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

<ol style="list-style-type: none"> a. Building to all lot lines b. Building to centerline of road c. Building to lake, river, stream or pond d. Septic / holding tank to closest lot line e. Septic/holding tank to building f. Septic / holding tank to well g. Septic / holding tank to lake, river, stream or pond h. Privy to closest lot line 	<ol style="list-style-type: none"> i. Privy to building j. Privy to lake, river, stream or pond k. Drain field to closest lot line l. Drain field to building m. Drain field to well n. Drain field to lake, river, stream or pond o. Well to building
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**IMPORTANT
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-7 (a-o) COMPLETELY**

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **X**
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0137** Issued To: **Jeffery Lunda**

Less 3.17A

Location: **SE** $\frac{1}{4}$ of **NE** $\frac{1}{4}$ Section **11** Township **47** N. Range **6** W. Town of **Pilsen**

Gov't Lot	Lot	Block	Subdivision	CSM#

For: **Residential Other: [200- Gallon Vaulted Privy]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Tank must be at least 200 gallons and water-tight. Conditions per recorded privy agreement.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

June 24, 2020

Date